

# INITIAL APPRENTICE OCCUPATIONAL EDUCATION LICENSE

# **HEALTH SCIENCE**

- 1. A completed application found at: http://www.state.tn.us/education/lic/doc/ed2984.pdf
- 2. Verification of three years full time, successful work experience within the past five years in a state approved health care facility.
  - Must be documented by the applicant's employer(s) on company letterhead or documented and notarized on the Occupational Employment Verification Form found at: http://www.state.tn.us/education/lic/doc/ed5334.pdf
  - Must have occurred within five years of application date
- 3. Submit official transcript(s) with degrees earned in your Health Science area. Health Science applicants must hold an associate degree or higher. Do not send transcripts separately from application packet.
- 4. Submit a notarized copy of your current/valid Tennessee Nursing or Allied Health license.

## TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please us	se Black Ink to ensure se	canned application	on is legible - provide full	name - incl	ude any aliases	
	t Name	Middle Name	Last Name	Maiden Name	other last name aliases	
Date of Birth-required Gender Stre	et/P.O. Box		City	State	Zip Code	
Date of Diffirequied   Gender   Gue	COLUMN TOWN					
	1-			0.1151 11		
Telephone Number - include area code	E-mail address - Must	t provide to receive notif	ication of license issuance	Cell Phone Nu	mber/Alternate Phone Number	
INFORMATION NEEDED FOR	R FEDERAL REPORTIN	G - COMPLETE B	OTH ETHNICITY & RACE	masein more unum uju ie-n		
1. Ethnicity - Choose one Hispanic or Latino Not Hispanic or Latino						
American Indian or Alaska Native Asian Black or African American      Native Hawaiian - Other Pacific Islander White						
				COMPLETE	-D	
PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED  Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this						
application may constitute grounds to tal	ike action, revoke or deny a licens	e. Check the appropriat	e block for each question. DO NOT in	nclude matters ti	nat the	
State Board of Education has already inv 1. Have you been convicted of a felony	vestigated and found "No Probable including conviction on a plea.	de Cause" to take any dis	ciplinary action. contend ere or order granting pre-tri	al diversion?		
50 30				YES	NO	
2. Have you been convicted of the illeg	gal possession of drugs, including	g conviction on a plea o	f guilty, a plea of nolo contend ere of	or an order gran YES	ting pre-trial diversion? NO	
Have you had a teacher's certificate.	Alicense revoked suspended or	denied or have you vol	untarily relinguished a certificate/lice			
*			**************************************	YES	NO	
4. Is there any action pending against	your certificate/license or applica-	ation in another state?		YES	NO	
If you have answered "yes" to quest	tions 1 or 2. please attach deta	ils of conviction, inclu	ding date and place of conviction			
of the judgment, conviction, and sen	ntencing.					
If you have answered "yes" to quest	tions 3 or 4, attach details nam	ing the state and/or is	suing authority and explain circu	mstance.		
Signatu			Date			
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# APPLICATION FOR INITIAL OCCUPATIONAL EDUCATION LICENSE OR AMENDMENT TO LICENSE

APPLICANT NAME	SOCIAL SECURITY NUMBER	
APPLICANT NAME	SOCIAL SECURITY NUMBER	

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INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT					
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APPLICATION FOR INITIAL OCCUPATIONAL EDUCATION LICENSE  QUALIFICATION SHEET-both sides  FULL-TIME EMPLOYMENT VERIFICATION  EDUCATION VERIFICATION  College Transcript High School Transcript GED Scores  INDUSTRY CERTIFICATION  Trade & Indu Cosmetology and/or Barbering Registered Nurse or Allied Health					
Instructor CHECK ONE OR MORE AREAS OF ENDORSEMENT DESIRED					
507 COLLISION REPAIR TECHNOLOGY	OCCUPATIONS CHNOLOGY TTING TIVE SERVICES ADS D SCHOOL FRASTRUCTURE TECHNOLOGY				
AMENDMENTS TO EXISTING OCCUPATION EDUCATION LICENSE					
AMENDMENT TO ADD ADDITIONAL ENDORSEMENT AREA (S) (employment verification required)  INDUSTRY CERTIFICATION (required for all additional endorsement areas)  Trade & InduCosmetology and/or BarberingRegistered Nurse or Allied Health					
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TO BE COMPLETED BY EMPLOYER						
Use this section to report occupational work experience. The info	ormation should indicate the place of work, the type of work,					
and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. Each employer						
must verify own experience. In lieu of this form, the applicant may submit a signed statement on company letterhead.						
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